

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: THERAPEUTIC TREATMENT OF
ACCELERATED BONE RESORPTION
Attorney Docket Number:: FISHMAN18A
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 13
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Pnina

Middle Name::
Family Name:: FISHMAN
Name Suffix::
City of Residence:: Herzliya
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 19 Asher Barash Street
City of Mailing Address:: Herzliya
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 46365
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Sara
Middle Name::
Family Name:: BAR YEHUDA
Name Suffix::
City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 21B Arbel Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75474
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Lea
Middle Name::
Family Name:: MADI
Name Suffix::

City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 27 Rishard Fienman Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75791

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
PCT/IL05/001166	Appln claiming benefit of 35 USC 119(e)	PCT/IL05/001166	11-08-05
		60/625,564	11-08-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: CAN-FITE BIOPHARMA LTD.
Street of Mailing Address:: 10 Bareket Street
City of Mailing Address:: Petach Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49170